								Application or Docket Number											
	PATENT		ATION FEE DETERMINATION RECORD ffective October 1, 2003 S AS FILED • PART I (Column 1) (Column 2) RATE FEE NUMBER FILED NUMBER EXTRA MS 95 minus 20= T minus 3 = T MALL ENTITY RATE FEE BASIC FEE 385.00 OR BASIC FEE 770.00 XS 9= OR XS18= 80 X43= OR X86=																
40,0/80																			
CLAIMS AS FILED - PART I (Column 1) (Column 2)										ENTITY	ΩF								
TOTAL CLAIMS			2<					ſ	RATE	FEE									
FOR			NUMBER FILED		NUME	NUMBER EXTRA			BASIC F	EE 385.0	OF	BASIC FEI	770.00						
TOTAL CHARGEABLE CLAIMS			95 minus 20=		•	• . 5		ı	XS 9=		ام	XS18=	80						
INDEPENDENT CLAIMS			7 minus 3 =		·			ł	X43=		4	1	1 75						
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT			C		ŀ	- 45		7								
* 11	the difference	e in column 1 is	less than z	ero, enter	"0" in c	cohumn		L	+145=	+			0/						
CLAIMS AS AMENDED - PART II								· L											
(Column 1) (Column 2) (Column 3)						_1	SMALI	ENTITY	OR										
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID I	BER	PRESI EXTI		RATE		ADDI- TIONA FEE		RATE							
	Total	- 20	Minus	-2	5.	- /		XS 9=			OR	X\$18=							
	Independent	• 3	Minus	!	3	= /		T	X43=		OR	X86=							
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM	<u> </u>		1	+145=		7	+290=							
	5/4/0	1/-						L	TOTAL		OR	TOTAL	ļ						
	>/1// <i>U</i>	(Column 1)		(Colum	in 21	(Colum	n 21	A	DDIT. FEI	<u> </u>	JOR	ADDIT. FEE	L						
~		CLAIMS		HIGHE	ST					ADDI-	7	r	ADDI						
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESE			RATE	TIONAL		RATE	TIONAL						
	Total	.25	Minus		25	•	<u>/</u>	·	X\$ 9=	l/	OR	X\$18=	٠.						
AM	Independent FIRST PRESE	• 3 NTATION OF MU	Minus TIPLE DEF	ENDENT	CLAIM	- /	\dashv		X43∞ ·	11/	OR	X86=							
				CITOCITI				Ŀ	+145=		OR	+290=	1.						
									TOTAL OIT. FEE		OR	YOTAL ADDIT, FEE							
	 	(Column 1)		(Colum		(Colum	<u>n 3)</u> .	• • •		<u>. </u>	<u>.</u>	•	THER THAN MALL ENTITY ATE FEE IC FEE 770.00 SIB= 90 BG= TAL 860 THER THAN MALL ENTITY ADDITIONAL FEE IB= IG= IGHE ITIONAL FEE IB= IGHE ITIONAL ITIONAL FEE IB= IGHE ITIONAL						
MEN		CLAIMS REMAINING APTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		F	RATE	ADDI- TIONAL FEE		RATE	TIONAL						
	Total	•	Minus			*		1	X\$ 9=		OR	X\$18=							
	Independent		Minus	***		•		H	X43=			X86=							
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							H			OR								
• tt	the entry in colum	on 1 is less then the		202	M in ant.	•		Ŀ	145=		OR	+290=	•						
~ "	the "Highest Nurs	ther Previously Pai ther Previously Pai	d For IN THE	SPACE IN	ess then	20 ante	20.	ADI	TOTAL DIT. FEE	•	OR ;	TOTAL COORT, FEE							
T	he Highest Num	ber Previously Paid	For (Total or	Independen	0 is the f	ighest n	umber fo	bnuc	in the ap	propriate bo	ox by cook	ann 1,							